



Volunteer Services  
 Prince County Hospital  
 P.O. Box 3000  
 Summerside, PE  
 C1N 6M8

References Checked: \_\_\_\_\_  
 Interview Date: \_\_\_\_\_  
 Orientation Date: \_\_\_\_\_  
 Name Tag: \_\_\_\_\_  
 Criminal Record Check \_\_\_\_\_

## VOLUNTEER APPLICATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ OR \_\_\_\_\_

E - MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANGUAGES: Spoken \_\_\_\_\_ Written \_\_\_\_\_

EXPERIENCE (work or volunteer): \_\_\_\_\_

IF A STUDENT - GRADE/LEVEL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

SPECIAL SKILLS/TRAINING: \_\_\_\_\_

HOBBIES/INTERESTS: \_\_\_\_\_

WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN? (i.e. working with children, seniors, friendly visiting, reception, pastoral care, palliative care) \_\_\_\_\_

IS THERE AN AREA OF VOLUNTEER WORK WHICH YOU ARE NOT INTERESTED IN?  
 \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM? \_\_\_\_\_

WHY DO YOU WISH TO VOLUNTEER? \_\_\_\_\_

I hereby allow Volunteer Services to contact the following references to perform a check of my background as appropriate for volunteer involvement. (Please list 2 non-family).

- |                |                |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____   | Phone: _____   |

PARENT'S SIGNATURE: (If under 18 yrs) \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_